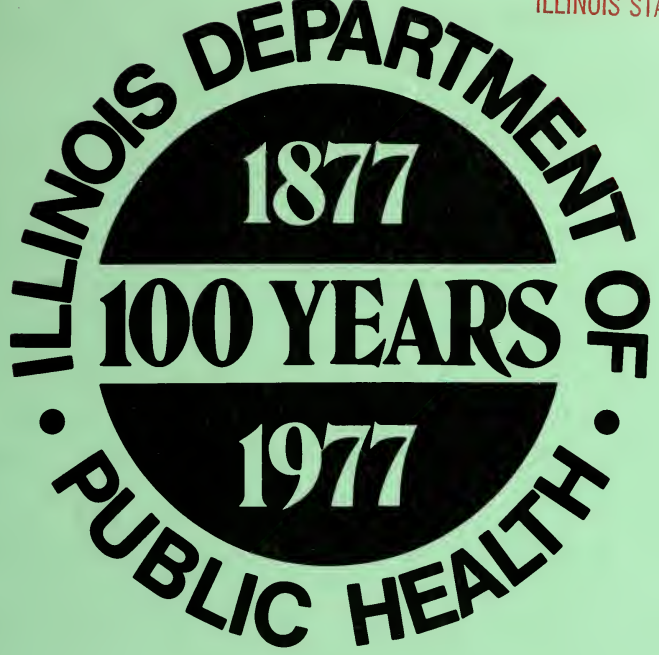

... HISTORY ...

DEPARTMENT OF PUBLIC HEALTH

ACKNOWLEDGEMENTS

I wish to acknowledge the contributions made to this article by the late Isaac D. Rawlings, M.S., M.D., and the late Baxter K. Richardson, A.B.

Much of the material in this article was taken directly from Dr. Rawlings' *Rise and Fall of Disease in Illinois*, a history of the state health department written in 1927 to commemorate the Department's 50th anniversary.

B. K. Richardson's *History of the Illinois Department of Public Health, 1927-1962* was the primary source for the sections of this article dealing with those years.

Dr. Rawlings, Mr. Richardson and I wrote this article together, with my contribution the least of the three.

THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH
1877 - 1977

by Mary A. Huck

INTRODUCTION

The state department of Public Health had its official beginning in Illinois on July 12, 1877. On July 1 of that year, two laws. . . one known as the State Board of Health Act, and the other as the Medical Practice Act. . . became effective. Both laws had the same ultimate purpose in view. . . the regulation of the practice of medicine and the promotion of sanitary and hygienic activities. The State Board of Health was charged with the responsibilities and duties involved in the enforcement of both. This dual responsibility was a new thing for a state board of health in the United States, and it provoked considerable interest among sanitarians and the medical profession throughout the country.

The passage of these two public health laws was not an expression of a sudden burst of enthusiasm for more healthful conditions. It was, rather, the belated fruition of an idea that took root in territorial days some 60 years earlier, when an ordinance regulating the practice of medicine was enacted by the Territorial General Assembly. Furthermore, the first State General Assembly passed a Medical Practice Act in 1819; and another was passed by the General Assembly in 1825. The ordinances provoked agitation among the people of Illinois, especially the medical profession, and were promptly repealed by the legislatures which succeeded the enactments.

FORMATION OF LOCAL HEALTH AGENCIES

The first local board of health in Illinois had been formed in Quincy in 1833, when a cholera epidemic hit that city. According to accounts published at the time in the Quincy Herald-Whig, "The first health board in Illinois – perhaps in the middle west – was born of desperation. The prompt measures taken by the Board brought results. Householders were ordered to dispose of rubbish and garbage, to clean their houses and grounds, to boil drinking water. The sheriff was ordered to scrub the jail. The Board used lime liberally. Most difficult were the burials in the new cemetery. People couldn't be persuaded to touch the victims, and the Board conducted most burials, even digging the graves".

This first Board was faced with a problem often faced by public health agencies today. . . a shortage of funds. Even though the citizens of Quincy demanded formation of the Board at a mass meeting, there were no village funds to support it. Accordingly, the Board members solicited contributions and collected the impressive sum of $26.95!

In Chicago, where a Board of Health had been established to meet the threat of a cholera epidemic, that Board was abolished in 1860, "on account of the absence of any alarming condition". It was re-established in 1867, however, when cholera hit the city and smallpox was reaching epidemic proportions.

CREATION OF STATE BOARD OF HEALTH

This, then, was the climate into which the State Board of Health was born, with a staff of three persons and a two-year budget of $5,000, plus $1,000 for contingencies.

The idea of public health service as it was finally expressed in the first permanent statutes, grew out of two very definite and distinct concepts. One was that good physicians are the dominant factor necessary to good public health.

The other was that the application of sanitation, quarantine and hygiene will produce significant results in preserving and improving public health beyond the capacity of private medical practitioners.

These two concepts did not always promote harmony of action.

Proponents of the "good doctors" concept knew exactly what they wanted, and were instrumental in the passage of a Medical Practice Act which was very definitive and specific.

Advocates of sanitation, on the other hand, had little of a tangible nature which they could recommend in language that the average legislator could understand.

Accordingly, the first public health law granted the State Board of Health the "general supervision of the interests of the health and life of the citizens of the State" and the "authority to make such rules and regulations, and such sanitary investigations as they from time to time may deem necessary for the preservation or improvement of public health".

This sweeping authority was a recognition by the legislature that public health work is highly technical and requires specially trained personnel. The lawmakers have never retracted from this position.

The development of the Illinois Department of Public Health falls conveniently into six rather well-defined periods.

PERIOD OF PROBATION

The first period (1877-1900) may be described as a probationary experience for the State Board of Health. During that time, the state health organization faced the problem of justifying its existence. Governors and lawmakers allowed it to continue through a sort of kindly tolerance. They were never sufficiently enthused to unlock the treasury vaults for the benefit of this new venture. The appropriation for the State Board of Health rose from its initial $5,000 for a biennium, to just $9,250 for the last fiscal year of the century. Although a contingency fund of $10,000 was available to draw on under specific circumstances, those conditions rarely arose – at least not in the opinion of the Governor, whose judgment was a lock on the purse strings.

The Secretary of the Board of Health, however, was determined not to allow a lack of funding to stand in the way of public health programs. He enlisted the assistance of inter-state and national agencies in an effort to prevent the introduction of diseases from outside the United States. At the same time, he vigorously promoted sanitary activities within the borders of Illinois.

In 1878, the Board adopted a form for use in making sanitary surveys through local people, in order to obtain information necessary to an accurate understanding of what needed to be done to improve the sanitation of any city in the state. Although response to the idea was disappointing at first, the concept began to grow until, during 1885, more than 300,000 inspections were made in 395 municipalities in 96 of the state's 102 counties.

The inspection report form provided the Board of Health with detailed records of the environmental conditions of more than 300,000 premises, as well as information concerning local epidemics and family health histories. Thus, the Board was able to bring into action hundreds of local people who put the state's health machinery into immediate touch with practically every household in Illinois.

On November 22, 1881, the Board passed a resolution requiring that no pupil would be admitted to any public school in the state without presenting satisfactory evidence or proper and successful vaccination against smallpox. Nearly 500 persons worked to make the program successful, including attending physicians, municipal and county officials and school teachers. By January 24 of 1882, 510,517 vaccinations and re-vaccinations had been administered to public school children and to inmates of public institutions, private and parochial schools, colleges and academies. Within 60 days the smallpox immunization level of school children had risen from 45 to 94 percent!

The Board's attempts at justifying its existence are clearly evident in the State Board of Health's first annual report. In 1877, an estimated 3,600 non-medical-school graduates were practicing medicine in Illinois. The progress of the Board in ridding the state of unqualified medical practitioners was documented in the first annual report, covering the period from July, 1877, to December 31, 1878. The Board reported that, of the 3,600 non-graduates, about 1,400 of them had left the state or quit practice by the end of 1878. In recounting the status of the remaining 2,200 "non-graduates", the Board reported: "Three hundred graduated from medical schools in 1878; 150 have been examined by the Board for license to practice; 950 have received certificates of practice; 61 are awaiting examination; 350 have filed affidavits which are now being investigated at this office; 100 are practicing under preceptors; 150 practitioners are now attending the medical schools as students, with a view of graduating; and 150 are evading every provision of the law".

In this first annual report, the Board also reported on actions taken against "diploma-shops". The report is written with an eloquence of language, including a sprinkling of Shakespearian phraseology, not found in today's official reports: "As nearly as can be ascertained, about 400 diplomas were held in this

state by parties who had either bought them directly, or obtained them upon a nominal examination. Parties that we can name have such diplomas with grand gold medals of honor for distinguished attainments in medical knowledge, both diplomas and medals having been obtained by direct purchase. The diplomas of nine medical colleges have not been recognized, owning to the fact that the Board had positive knowledge that they sold their diplomas.

"Nearly all the vilest professional mountebanks, and the advertising specialists, quacks and abortionists that have hitherto traveled through this state from town to town, promising to cure all the ailments that flesh is heir to, have as a rule, been armed with diplomas of this character, which have been beautifully gotten up to assist in deluding an unsophisticated public. As works of art they are more imposing and exceed in style the diplomas of those institutions at which it is an honor to graduate".

In this section of the report, the Board members could not resist giving themselves a pat on the back by commenting, "the Board has accomplished more in breaking up this nefarious traffic than any other agency has been able to do". During this 18-month reporting period, the Board issued certificates to 4,950 physicians and 424 midwives.

A comment on advertising reads: "The Board does not object to legitimate, or in other words honest advertising; but when doctors pretend that they can cure everything, and advertise the same, the Board necessarily feels in duty bound, owing to its relations to the people and to honest medical men, to suppress the same. Much injury has been done by the tolerance of these quacks through the medium of the newspapers, by the false hopes held out of cure, not realizing that death awaits all".

PERIOD OF EXPANSION AND RECOGNITION

The second period (1900-1917) may very properly be called the period of expansion and recognition. In 1901, the legislature appropriated a sum of $45,300 per annum for expenditure through the State Board of Health. For the fiscal year ending June 30, 1917, the available appropriation amounted to $166,589. Evidently the people of Illinois and the legislature had found, in the State Board of Health, something for which they were willing to pay considerably more than had been the case 25 years before. The 1901 appropriation amounted to $9 per 1,000 persons per year. By fiscal year 1917, it amounted to nearly $25 per 1,000 persons annually. (In fiscal year 1977, the Department's combined state and federal funding amounted to $5,304 per 1,000 persons.)

Appropriations listed on a nine-month audit report conducted in 1916, include items such as: $110 for cadavers; $150 for advertising; $329.25 for ice water and sundries (only $112.20 of this amount was spent); and, although $300 had been appropriated for car fare for lodging house inspectors, just $0.85 of that amount was spent during the nine months!

Among other expenditures was $72.98 traveling expense for an epidemiologist ($2,000 had been appropriated for this purpose).

Salary appropriations included: $3,600 for the Secretary (Director); $8,846.28 for four Clerks; $3,000 for the Chief Sanitary Engineer; $1,125 for the Registrar of Vital Statistics; $2,400 for an Epidemiologist; $2,500 for an Attorney; $1,125 for the Chief Dairy Inspector; $6,750 for two Health Officers.

Postage and telegraph/telephone services were important items, with a total appropriation of $4,308.55; $36.70 was spent on "electric lamps and connections", while $10.50 was expended for "typewriters, machine fans, etc."

An outstanding achievement during this period was the passage, in 1915, of a bill which became known as the Vital Statistics Act.

The Act, which became effective on January 1 of 1916, required that all reports of births, stillbirths and deaths be made within 10 days to the local registrar of vital statistics; and that all original certificates received during the month be forwarded to the State Department of Public Health in Springfield, by the tenth of the following month.

By designating the Department of Public Health as the central registration point for all original birth and death records, the Vital Statistics Act paved the way for the development of a uniform system of collection and transmission of information.

Passage of this Act followed several unsuccessful attempts at regulating birth and death records, and brought to an end the haphazard, and indifferent way in which these records were frequently handled.

PERIOD OF MATURITY

The third period (1917-1930) began with the adoption of the Civil Administrative Code by the Illinois state government. This period is called the period of maturity, in the sense that the Department of Public Health became regarded as an essential factor in state government, and began to function on a plane commensurate with that of any other department.

The adoption of the Civil Administrative Code in 1917 converted the State Board of Health into two departments. One of these was established for the purpose of sanitary and hygienic work alone. . . the other was charged with the handling of all matters relating to the licensure not only of physicians, but also all other professions which required it.

Thus the divorcement of the "good doctors" from the "sanitation and hygiene" concept came about. Both continued to be important activities of the state administration, but all matters relating to the registration of physicians and the regulation of medical practice were transferred to the Department of Registration and Education, while matters of sanitation, hygiene and vital statistics remained in the hands of the Department of Public Health.

This new State Department of Public Health fell heir to all the public health duties, powers and responsibilitites formerly vested in the State Board of Health, and had new ones added.

Responsibility for policies, rules and regulations was transferred from a board of seven members to one person. . . the Director of the Department.

A new contingency developed when the United States became embroiled in World War I, just a few months before the new health program was scheduled to begin. Thus the State Department of Public Health found itself, under wartime pressure, functioning in a way considerably different from what had been anticipated.

Instead of going deliberately into local communities, making contact with local officials, investigating water and sewer systems, promoting birth and death registration, stimulating close observance of quarantine and encouraging the establishment of efficient local health organizations, the field staff was largely concentrated in the immediate vicinity of military camps and busily engaged in handling emergency problems there.

Two other events which modified both the course of public health service and the function of its machinery were the 1916-17 outbreak of poliomyelitis and the wartime program against venereal diseases.

If the war frustrated the carefully devised public health program in Illinois, it also produced compensation. Members of the armed forces, subject to rigid military discipline, were vaccinated against smallpox and typhoid fever. The civilian population, subject to unusual demands, was in a mental attitude that made easy the practical application of official dictates. Health was recognized by everyone as a predominant factor in the success of the war effort.

On September 21, 1918, the pandemic of influenza which encircled the globe, reached Chicago. It attained its maximum on October 17 when 381 deaths from pneumonia and influenza occured in a single day. The death rate from all causes fell to normal again during the week ending November 23, but by that time 8,510 Chicagoans had died from influenza and pneumonia.

Vigorous measures were taken to combat this epidemic. Influenza was made reportable. Public funerals were prohibited. Smoking and spitting on the street and on elevated railroad cars were prohibited. Theatres, skating rinks, night schools and lodge halls were closed on October 15 and kept closed for 15 days.

A mixed vaccine was prepared under the auspices of a laboratory committee, and, by January 1, 1919, a total of 313, 028 doses had been distributed.

In the post-war era, the Illinois General Assembly looked with greater favor upon public health programs. Appropriations were increased each biennium. More public health programs were insitituted. By the end of the 1920's, the State Department of Public Health had become a well rounded, unified organization providing a broad range of health services to the people of Illinois.

PERIOD OF CRISES

The fourth period (1930-1945) might very properly be termed a period of crises.

During the Great Depression of the 1930's, and then during World War II, the Department faced the special public health needs created by these crises.

In 1930, a withering drought in the middle west devastated the crops and pastures of 40 southern Illinois counties, complicating enormously the terrible effects of unemployment, poverty and misery brought on by the depression.

Poliomyelitis, which had been almost quiescent in the state for nearly a decade (only 82 reported cases in 1929) turned sharply upward in 1930, with 402 cases. Reported cases of this disease reached a new high for Illinois in 1931, when 700 cases were reported.

The mainstream of public health problems in this period, however, was associated with the economic depression and the drought-stricken area of southern Illinois. With no legal authority and no funds for providing direct relief, the Department of Public Health intensified its efforts on the prevention of diseases along established and well proved lines. . . vaccination against smallpox, immunization against diphtheria, sanitation of water and milk supplies and the promotion of adequate low-cost diets.

By the time the United States entered World War II, the financial resources of the Department of Public health were nearly three times higher than in 1930. Its legal responsibilities had been greatly broadened by new legislation.

The onset of the war in December of 1941 brought about a sudden change in the economy. A labor surplus shifted almost overnight to a labor shortage. Competition for professional and technical personnel was particularly keen in both government and private enterprise. In the Department of Public Health, this situation led to an enormous personnel turnover on the one hand, and demands for new services on the other. Before the war was over, the Department lost 130 employees to the military, mostly engineers, nurses and physicians. The technical staff was nearly depleted.

At the same time, because of the effects of the war, the Department intensified efforts along traditional public health lines, concentrated work in 19 areas of special military importance and undertook a number of temporary war emergency projects. Among these were: an Emergency Maternity and Infant Care program for the wives and babies of men in the lower ranks of the armed forces; a corrective medical

care program for young people rejected for military duty because of physical defects; an "emergency water corps" to protect local water supplies in the event of a disaster or sabotage; teaching volunteers first aid, home nursing, nutrition and emergency sanitation; and a blood-collecting program for emergency needs in the civilian population.

PERIOD OF CHALLENGE

The fifth period (1945-1960) might be called a period of challenge.

The extensive regulatory authority vested in the Department during the war years caused considerable change in the character of its work, making the professional and technical expertness of personnel more important than mere numbers. Through legislation, reorganization and the adoption of new procedures and techniques, together with an extensive personnel training program, the Department of Public Health entered the post-war era prepared to face the challenge of an emerging technological society.

The immediate post-war years were marked by (1) technological advancements which caused a rapid increase in both the opportunity and demand for more and better public health protection; (2) the emergence of an economy of abundance which made financing possible; (3) the almost sudden assumption by the state of long-neglected obligations as to public health; and (4) the accelerated participation of the federal government in the state's public health program. The following illustrates the increased federal participation:

Biennium	1941 - 1943	1951 - 1953	1959 - 1961
State Money	$2,263,921	$17,673,758	$19,481,601
Federal Money	2,245,158	8,251,867	15,403,552
	$4,509,072	$25,925,625	$34,885,153

(In fiscal year 1977, the Department's budget included $38,184,200 in state money, and $36,828,200 federal money.)

The complexion of the Department changed substantially between 1945 and 1960. Regulatory responsibilities, such as the licensing of various institutions and attention to environmental health, increased enormously. During this period, a considerable body of constructive public health legislation was enacted.

Included among those subject to administration by the Department of Public Health were:

The Nursing Home Licensing Act	1945
The Hospital Construction Act	1947
State Tuberculosis Sanitarium Act	1947
Public Water Supplies Act	1951
Hospital Licensing Act	1953

Trailer Coach Parks Licensing Act	1953
The Grade A Milk Law	1955
Anti-Poliomyelitis Vaccine Law	1955
Radiation Installation Registration Act	1957
Plumbing Code Act	1956
Radiation Protection Act	1959
Toxicological Laboratory Service Act	1959
Uniform Hazardous Substance Labeling Act	1959
Vital Statistics Act	1961
Migrant Labor Camp Licensing Act	1961

During this period, the functions of the Department became more and more supervisory in character. The Public Health program had reached, or was approaching, the goals it had been originally designed to achieve. . . the suppression of epidemic and infectious disease. Cholera and yellow fever had long since been banished from Illinois. Malaria was gone. No cases of smallpox had been recorded since 1947. Diphtheria and polio were all but eliminated. Tuberculosis was but a shadow of what it once had been. All-in-all, communicable diseases in general were under control to a much greater degree than ever before. Immunizing agents against measles, rubella, and mumps as well as polio vaccine made preventive health practices more available than ever before.

PERIOD OF ADJUSTMENT

The sixth period, which began in 1960 and continues to the present, can very properly be termed a period of adjustment.

The modern technology and scientific advances that brought about the favorable health conditions of the post war era also created new public health problems. Many more people were surviving through middle-life and beyond. The aging process brought with it an immense problem of chronic and disabling ailments. . . arthritis, heart disease, cancer, diabetes, etc. The mushroom growth of the nursing home industry and the unprecedented demands on hospitals necessitated a new phase of public health. The challenge to the Department was to tackle the health problems of a technological society as vigorously as it tackled communicable diseases in 1877.

The advent of the nuclear age brought with it the construction of nuclear power plants in the state, and the concomitant necessity to monitor the air, water and land for contamination by radioactive substances.

Medical services for the poor became established programs.

The time had come in public health to shift gears; to reorient the line of advance; to change program

emphasis; to adjust organization and services to a newly developed situation. It was a time for relentless vigilance, not only to maintain the ground gained against communicable diseases, but also to press forward against the changing health needs of today's world.

In 1920, E.E.A. Winslow, one of the most forceful advocates of the broad view of public health, crystallized his thoughts into what has become, and remains, the most widely accepted definition of public health and its relationship to other fields:

"Public Health is the science and art of (1) preventing disease; (2) prolonging life; and (3) promoting health and efficiency through organized community effort for

a) the sanitation of the environment

b) the control of communicable infections

c) the education of the individual in personal hygiene

d) the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and

e) the development of the social machinery to insure everyone a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birthright of health and longevity".

The perimeters of public health concern have been moving outward during the past few decades at a rapid rate. Whereas public health matters in the past focused on general sanitation, today all aspects of Winslow's famous definition are not only included, but surpassed.

With reference to the environment of man, the Department of Public Health now thinks in the broadest possible terms. . . the ecologic relationship between man and his environment. Similarly, with reference to personal health services, the Department is already deeply involved not only in problems of distribution of facilities and manpower, but also in the standards of their quality and in providing more and better care.

Public health is no longer content to conduct only those activities that place particular emphasis on the elimination of sanitary nuisances. This type of activity must continue, of course, but today's public health programs must embrace the total health needs of all people.

In order to meet this challenge, the Illinois Department of Public Health today employs some 1,100 professional, administrative, technical and clerical workers who are engaged in providing a broad range of services which protect the health and welfare of the more than 11 million residents of the state.

The Department administers or supports more than a hundred different services, and administers an annual budget of more than 70 million dollars of state and federal money. There is hardly an area of human activity with which the Department's family of programs is not concerned.

As it crosses the threshold into its second century, the Department of Public Health is involved in the daily lives of Illinois residents who drink milk; eat in restaurants; swim in public pools; drink from public water supplies; have dental or medical x-rays; shop for groceries; get married, divorced or have babies; shop for toys; send their children to summer camp; need eyeglasses; visit Illinois recreational areas; and engage in a myraid of other ordinary activities.

The Department also serves those who have special health needs, such as premature babies; children who need immunizations; persons who contract venereal diseases; victims of chronic renal disease, hemophilia, lead poisoning or hypertension; visitors to the State Fair; those who purchase mobile homes; persons who require hospitalization or live in nursing homes; victims of sexual assault; the critically injured or victims of other life-threatening conditions; parents of Sudden Infant Death Syndrome (S.I.D.S.) victims; high risk pregnant women and newborns; mothers, infants and children with serious nutritional deficiencies; school children with vision and/or hearing defects; migrant farm workers; and others.

The Illinois Department of Public Health. . . one of the most diversified of state agencies. . . is not perfect. Few human institutions are. Undoubtedly, during its second century, the Department will experience frustration and disappointment. It will, however, hold firm to its resolution to meet statewide public health problems with statewide public health responses.

The Illinois Department of Public Health, born in desperation, will meet the future, as it has the past, in dedication to the principle of not just prolonging life, but making it better!

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